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**\*BIBDATASHEET\*****CONFIRMATION NO. 1779**

Bib Data Sheet

|                             |                                       |              |                        |                                       |
|-----------------------------|---------------------------------------|--------------|------------------------|---------------------------------------|
| SERIAL NUMBER<br>10/085,234 | FILING DATE<br>02/28/2002<br><br>RULE | CLASS<br>424 | GROUP ART UNIT<br>1615 | ATTORNEY<br>DOCKET NO.<br>4769-102 US |
|-----------------------------|---------------------------------------|--------------|------------------------|---------------------------------------|

## APPLICANTS

Sham Chopra, Brampton, CANADA;

**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/293,701 05/25/2001

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 04/22/2002

|   |                                    |                        |                       |                            |
|---|------------------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | STATE OR<br>COUNTRY<br>CANADA      | SHEETS<br>DRAWING<br>6 | TOTAL<br>CLAIMS<br>64 | INDEPENDENT<br>CLAIMS<br>8 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                                    |                        |                       |                            |
| Verified and Acknowledged   | Examiner's Signature<br><i>gsp</i> | Initials               |                       |                            |

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## TITLE

Chemical delivery device

|                                   |   |  |
|-----------------------------------|---|--|
| FILING FEE<br><br>RECEIVED<br>976 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                              |
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